

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						54	51	2						
2							+14	52	2						
3								53	2						
4								54	4						
5							68	55							
6								56							
7								57							
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35								85							
36	1							86							
37								87							
38								88							
39	1							89							
40								90							
41		3						91							
42		3						92							
43		3						93							
44		1						94							
45								95							
46								96							
47		1						97							
48								98							
49		2						99							
50								100							
TOTAL IND.	1							TOTAL IND.	3						
TOTAL DEP.								TOTAL DEP.	65						
TOTAL CLAIMS								TOTAL CLAIMS	68						